

STATE OF NEVADA - POSITION QUESTIONNAIRE

AGENCY ID NO. _____ POSITION CONTROL NO. _____

DEPARTMENT _____ DIVISION _____

REQUESTED CLASS TITLE _____ CLASS CODE _____ GRADE _____

GEOGRAPHIC LOCATION OF POSITION _____

APPOINTING AUTHORITY/EMPLOYEE CERTIFICATION

I certify the requested position(s) will perform essentially all of the type and level of duties and responsibilities described in the attached class specification (class specification and organizational chart **must** be attached). I further certify the information provided in this document is accurate and complete.

Signature of Appointing Authority or Designated Representative

Date

FOR COMPLETION BY BUDGET DIVISION ONLY

(Required for new positions and when NAC 284.126, subsection 3 applies.)

New Position Approved Effective _____

Signature

Date

FOR COMPLETION BY DEPARTMENT OF INFORMATION TECHNOLOGY

(Required when NRS 284.172 applies)

☐ Approved

☐ Disapproved

Signature

Date

FOR COMPLETION BY STATE PERSONNEL AND BUDGET DIVISION

Agency ID. _____

Position _____ Effective Date _____ Expire Date _____ Type _____

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Action _____

Part-time (Percent) _____

Class Code _____ Title _____ Grade _____

Class Option _____

Division Code _____

INSTRUCTIONS TO APPOINTING AUTHORITY

☐ Use the NPD-3 procedure.

☐ Recruitment is ongoing and eligible list is waived ("ATA" class).
Contact Personnel if assistance is needed.

☐ Other _____

Study No. _____

Analyst _____ Date _____

Approved _____ Date _____
